

**BOARD OF REGISTERED NURSING  
NURSING PRACTICE COMMITTEE  
AGENDA ITEM SUMMARY**

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**AGENDA ITEM: 11.1**

**DATE:** September 19, 2008

**ACTION REQUESTED:** Approve/Not approve: Consensus Model for APRN Regulation:  
Licensure, Accreditation, and Certification & Education

**REQUESTED BY:** Janette Wackerly, MBA, RN  
Nursing Education Consultant

**BACKGROUND:**

The Consensus Model for APRN Regulation: Licensure, Accreditation, and Certification & Education completed through the work of the APRN Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Committee. Draft-APRN Joint Dialogue Group Report June 18, 2008.

The model for APRN regulation is the product of work conducted by the Advanced Practice Nursing Consensus Work Group and the National Council of State Boards of Nursing (NCSBN) APRN Committee. These two groups were working independent of each other, they joined through representatives of each group in what was called the APRN Joint Dialogue Group. The outcome of this work has been unanimous agreement on most of the recommendations

APRNs include certified registered nurse anesthetists, certified nurse-midwives, clinical nurse specialists, and certified nurse practitioners. Currently, there are no uniform models of regulation for APRNs across the states. The licensing boards governed by state regulations and statutes, are the final arbitrators for who is recognized to practice within a given state. Each state independently determines the APRN legal scope of practice, the roles that are recognized, the criteria for entry-into advanced practice and the certification examination accepted for entry-level competence assessment.

The Consensus Model of APRN Regulation defines APRN practice, describes the APRN regulatory model, identifies the titles to be used, defines specialties, describes the emergence of new roles and population foci, and presents strategies for implementation.

Implementation of the recommendations for an APRN Regulatory Model will occur incrementally. Due to the interdependence of licensure, accreditation, certification and education, certain recommendations will be implemented sequentially. The document recognizes that the model was developed through a consensus process with participation by APRN certifiers, accreditors, public regulators, educators, and employers, it is expected that the recommendations and model as delineated will assist in decisions made by each of these entities. A target date for full implementation of the Regulatory Model and all recommendations is the Year 2015.

**Information provided by:** Nancy Chornick, PhD, RN, CAE

Director of Practice and Credentialing  
National Council State Boards of Nursing  
nchornick@ncsbn.org

**NEXT STEP:** Place on Board Agenda

**FISCAL IMPLICATIONS, IF ANY:** None

**PERSON(S) TO CONTACT:** Janette Wackerly, MBA, RN  
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(916) 574-7686

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**AGENDA ITEM: 11.2**

**DATE:** September 19, 2008

**ACTION REQUESTED:** Information only: American Nurses Association Endorse  
Consensus Model for APRN Regulations: Licensure,  
Accreditation, Certification, & Education

**REQUESTED BY:** Janette Wackerly, MBA, RN  
Nursing Education Consultant

**BACKGROUND:**

The American Nurses Association news release July 1, 2008 ANA Board of Directors endorses a set of standards for APRN regulation to improve access to safe, quality care by advanced practice nurses.

ANA President Rebecca M. Patton, MSN, RN, CNOR statement is that “*A Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, & Education*” will, for the first time, when implemented, standardize each aspect of the regulatory process for APRNs, resulting in increased mobility, and will establish independent practice as the norm rather than the exception. This will support APRNs caring for patients in a safe environment to the full potential of their nursing knowledge and skill.

ANA states that the APRN community is comprised of four roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), certified clinical nurse specialist (CNS), and certified nurse practitioner (CNP). Additionally, APRN’s focus on at least one of six population foci: psych/mental health, women’s health, adult-gerontology, pediatrics, neonatal, or family.

American Nurses Association, News Release 7/1/2008

**NEXT STEP:** Place on Board Agenda

**FISCAL IMPLICATIONS, IF ANY:** None

**PERSON(S) TO CONTACT:** Janette Wackerly, MBA, RN  
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**AGENDA ITEM: 11.3**

**DATE:** September 19, 2008

**ACTION REQUESTED:** Topic: Geriatric Nursing Practice and Education: Issues and Resources By: Ann M. Mayo; RN; DNSc Hartford Post Doctoral Fellow

**REQUESTED BY:** Janette Wackerly, MBA, RN  
Nursing Education Consultant

**BACKGROUND:**

Gerontological and geriatric nursing practice and educational issues will be presented and discussed. Topics will include aging, health care delivery to older adults across settings, and diversity as it impacts care to older adults. Resources for faculty development, curriculum development, and certification will be introduced.

Building Academic Nursing Capacity: <http://www.geriatricnursing.org/>

Hartford Geriatric Nursing Competencies:  
<http://www.hartfordign.org/resources/education/competencies.pdf>

American Nursing Credentialing Center (ANCC): <http://www.nursecredentialing.org/#>

John A. Hartford RN Review Course: <http://www.nyu.edu/nursing/ce/gncrc/>

**NEXT STEP:** Place on Board Agenda

**FISCAL IMPLICATIONS, IF ANY:** None

**PERSON(S) TO CONTACT:** Janette Wackerly, MBA, RN  
Nursing Education Consultant  
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## **Geriatric Nursing Practice & Education: Issues and Resources**

**Ann M. Mayo, RN; DNSc  
John A. Hartford Foundation/  
Atlantic Philanthropies Claire M. Fagin Fellow  
University of San Diego**

### **1. Outline**

- Aging Demographics
- Geriatric Nursing Care Issues
  - Age-specific
  - Setting-specific
  - Diversity-specific
- Academic Concerns & Resources
  - Gerontological and geriatric nursing faculty expertise
    - John A. Hartford Programs
    - Sigma Theta Tau Leadership Program
  - Associate, baccalaureate, masters, and doctoral programs
    - John A. Hartford Recommendations
    - New APRN Model
  - Curriculum
    - Development
    - Integration
    - Theory & clinical courses
- Discussion & Questions

### **2. Aging**

Aging in America

Health Care Issues for Older Adults (65+)

- 34% are disabled
- 32% have sedentary (no physical activity) lifestyle
- 20% obesity rate
- Only 30% eat at least five fruits and vegetables daily
- 20% wear dentures/missing all teeth
- 30% no colorectal cancer screening
- 25% of women no mammogram in the last two years
- 6% report mental distress for 14+ days in past month

### **3. Impact to Health Services**

- More than half age 65+ are on 5 or more drugs
- People age 65+
  - 46% of patients in critical care
  - 50% of hospital days
  - 50% of specialty ambulatory care visits
  - 60% of adult primary visits
  - 70% of home health services
  - 90% of residents in nursing facilities
- *Older adults are the core business of health care (Henry & Henry, 2007)*

#### **4. Workforce and Educational Preparation in Geriatrics**

- Overall, less than 1 % of the nation's 2.2 million practicing RNs are certified in geriatrics.
- Only 3% of all certified APNs are certified in geriatrics.

#### **5. Geriatric Nursing Care Issues**

- Age-specific
- Setting-specific
- Diversity-specific

#### **6. Age-specific Issues**

- Ageism
- Anti aging Medicine
- Elder Abuse
- Memory & Cognitive Function
- Mental Illness/Gero psychiatry
- Medication use
- Poly pharmacy

#### **7. Setting-specific Issues**

Setting-specific Issues

Diversity-specific Issues: Ethnogeriatrics

- Older adult ethnicity regarding beliefs, traditions & customs can impact
  - Care preferences
  - Caregiving structure & process
  - End-of-Life decisions
- Elephants in the room (hospital or clinic)
  - Lack of trust in health care providers and system
  - Fear of
    - medical research/experimentation
    - Medications and side effects
  - Unfamiliarity & discomfort with Western biomedical belief system
- Other care issues
  - Cultural specific health risks
  - Patient decision-making
  - End-of life
  - Formalities & gender issues
  - Language, literacy, & immigration
  - Respectful nonverbal communication

#### **8. Gerontology Topic List**

- Geriatrics vs Gerontology
- Aging Theories
- Ageism
- Cross-cultural Ageism
- Gerotranscendence
- Genomics & Anti aging Medicine
- Elder Abuse
- Driving

- Memory & Cognitive Function
- Mental Illness/Geropsych
- Institutional & Home Health Care Safety
  - Medication use
  - Poly pharmacy
  - Transitions
- Issues
- Nursing care
  - Delirium/Dementia/Depression
  - Pain
  - Deconditioning
  - Falls
  - End-of-Life
  - Pressure Ulcers
- Policy Issues
  - Health care access, quality, cost
  - Retirement
  - Legislation

## 9. Practice Concerns & Resources

### Practice Concerns & Resources

- Evidence-based Nursing Practice
- What is the incidence of X?
  - Facility level
  - Hospital
  - Clinic
  - My unit or module
- How is X measured, monitored, and tracked?
- What evidence-based practices for X are we using to?
  - Assess older adults
  - Decrease incidence (interventions)
  - Improve quality of care (interventions)
  - Decrease costs (interventions)
  - Measure outcomes (of interventions)

## 10. Geriatric-Specific Assessments

- Target older adults
- Target common older adult conditions
- In an older adult population, are
  - Sensitive to ruling in a condition
  - Specific to ruling out a condition
- Are evidence-based
  - Many have been derived from descriptive research
- Publications of the Hartford Institute for Geriatric Nursing
- *Evidence-based* series of assessment tools
  - each focuses on a topic specific to the older adult population
- Content is directed to
  - orient and encourage all nurses to understand the special needs of older adults

- utilize the highest standards of practice in caring for the elderly
- 2-page documents
  - description of why the topic is important
  - assessment tool that can be administered in 20 mins or less
  - accessible online

### 11. Try This Series Topics

- *Katz Index of Independence in Activities of Daily Living (ADL)*
- *Mental Status Assessment of Older Adults: The Mini-Cog*
- *Assessing Pain in Older Adults*
- *Avoiding Restraints in Persons with Dementia*
- *Wandering in the Hospitalized Older Adult*
- *Geriatric Depression Scale*
- *SPICES: An Overall Assessment Tool of Older Adults*
- + 30 more!
- *Geriatric Depression Scale (GDS)*
- *Fulmer SPICES*
  - Sleep Disorders
  - Problems with Eating or Feeding
  - Incontinence
  - Confusion
  - Evidence of Falls
  - Skin Breakdown
- + more every few months

### 12. Delirium and Pain Management

#### Delirium Among Older Adults

- Multi-factorial risk factors
  - Visual/hearing impairments
  - Sleep deprivation
  - Social isolation
  - Physical restraint
  - Use of bladder catheter
  - Iatrogenic adverse events
  - Poly-pharmacy
    - 3 new meds added
  - Psychoactive drugs
  - Comorbidities
  - Severe illness
    - Infection
    - Fracture
    - Stroke
  - Prior cognitive impairment
  - Fever or hypothermia
  - Dehydration
  - Malnutrition
  - Low serum albumin



### 13. Delirium Assessment

#### ➤ Best Tool

- The Confusion Assessment Method (CAM)
- Short & long versions
- CAM-ICU
- Sensitivity 94-100%
- Specificity 89-95%
- High inter-rater reliability
- Training Manual
- <http://elderlife.med.yale.edu/public/doclinks.php?pageid=01.02.03>

### 14. Delirium Prevention

#### ➤ Hospital Elder Life Program (HELP) (Inouye, et al, 2006)

- Targets risk factors proactively!
- 13 sites, 11,344 pts
- Educational resource at 100% of sites
- Improving hospital outcomes (e.g., delirium and functional decline) at 100% of sites
- Providing nursing education and improving retention at 100% of sites
- Enhancing patient and family satisfaction with care at 92.3% of sites
- Raising visibility for geriatrics at 92.3% of sites
- Improving quality of care at 84.6% of sites
- <http://elderlife.med.yale.edu>

### 15. Pain Management

- Begins with an adequate pain assessment
- Assessment Recommendations

#### Pain Management

#### ➤ Pharmacological Recommendations

- *Start low & go slow*
  - 25-50% reduction
- Titrate based on patient comfort
- Avoid high peak toxicities
  - Administer around the clock
- If confusion occurs, reduce dosage rather than discontinuing
- Anticipate and manage adverse effects of opioids
  - Constipation
  - Urinary retention
  - Sedation
  - Respiratory depression

### 16. Academic Concerns & Resources

#### Academic Concerns & Resources

- Gerontological and geriatric nursing faculty expertise
  - John A. Hartford Programs
  - Sigma Theta Tau Leadership Program
- Associate, baccalaureate, masters, and doctoral program development
  - John A. Hartford (& other) recommendations
  - New APRN Model

- Curriculum
- Development & Integration
- Theory & clinical courses

#### **17. The News**

- The bad news
  - There is no quick fix!
- The good news
  - There is help!

#### **18. John A. Hartford Foundation**

Hartford Nursing Framework

Hartford Institute for Geriatric Nursing Clinical Resources Expansion

- A grant expanded, enhanced, and broadly disseminated the unique clinical resources of the Hartford Institute for Geriatric Nursing.
- Clinical resources - the “gold standard” in geriatric nursing care reach practicing nurses through wide dissemination
- Additional content resources are available to members of the American Geriatrics Society and the Gerontological Society of America
  - <http://www.americangeriatrics.org/>
  - <http://www.geron.org/>

#### **19. Building Academic Geriatric Nursing Capacity**

- Pre-Doctoral Scholars Program
- \$100,000 for 2 yrs in a doctoral degree program [most scholars apply for additional funding (ie, NSRA) to complete their doctoral program]
- Claire M. Fagin Fellowship Program
- \$120,000 for 2 yrs of post doctoral work
- <http://www.geriatricnursing.org/>

#### **20. Nursing School Geriatric Investment Program**

- “Strengthening the geriatric programs and leadership capacity of seven schools of nursing to advance the quality of health care for older adults.”
- Three parts
  - Gero content in undergraduate, masters, & doctoral programs
  - Extra undergraduate emphasis
  - Master’s level scholarships
- Contact: Patty Franklin, [pfrankli@ana.org](mailto:pfrankli@ana.org)  
Web site: [www.geriatricnursing.org/nsgip](http://www.geriatricnursing.org/nsgip)

#### **Expansion of Program**

September 2007

#### **21. Enhancing Geriatric Nursing Education at the Baccalaureate & Advanced Practice Levels**

Enhancing Geriatric Nursing Education at the Baccalaureate and Advanced Practice Levels

- Assists nursing schools to adapt their curricula based upon national gerontological nursing education and practice standards.
- Contact: Deirdre Thornlow, [dthornlo@aacn.nche.edu](mailto:dthornlo@aacn.nche.edu)  
Web site: [www.aacn.nche.edu/Education/Hartford/enhancing.htm](http://www.aacn.nche.edu/Education/Hartford/enhancing.htm)
- Creating Careers in Geriatric Advanced Practice Nursing
- Awarded scholarship monies to 23 schools of nursing to expand opportunities for nursing students to choose a career in geriatric advanced practice nursing.
- Contact: Deirdre Thornlow, [dthornlo@aacn.nche.edu](mailto:dthornlo@aacn.nche.edu)  
Web site: [www.aacn.nche.edu/Education/Hartford/enhancing.htm](http://www.aacn.nche.edu/Education/Hartford/enhancing.htm)
- Enhancing Gerontology Content in Baccalaureate Nursing Education Programs
- “faculty at a majority of the baccalaureate schools of nursing across the country will be educated in the fundamentals of geriatric nursing and the use of geriatric curriculum resources”
- Enhancing Gerontology in Senior-Level Undergraduate Courses (\$2.6 million)
  - Critical Thinking
  - Atypical Presentations (e.g. Incontinence)
  - Dementia/Delirium
  - Interdisciplinary Care
  - Heart Disease
  - Type 2 Diabetes
  - Cancer
  - Critical Care
  - Mental Health
  - Special Session: Making your case: A dialogue with your Dean/Chair
- [www.aacn.nche.edu/GNEC.htm](http://www.aacn.nche.edu/GNEC.htm)

## **22. Sigma Theta Tau Leadership Program**

- A John A. Hartford Foundation grant (\$1.7)
- Geriatric Nursing Leadership Academy program
- Prepares and positions nurses in leadership roles within health care delivery settings to improve the quality of care for older patients and their families.
- <http://www.nursingsociety.org/LeadershipInstitute/GeriatricAcademy/>

## **23. Health Resources & Services Administration (HRSA)**

- Title VIII funds are authorized to support nursing workforce development.
- Projects that train and educate nursing personnel in providing geriatric care.
- Grants to support development of the nursing workforce in geriatric education may be used to:
  - (1) provide training to individuals who will provide geriatric care for the elderly;
  - (2) develop and disseminate curricula relating to the treatment of the health problems of elderly individuals;
  - (3) train faculty members in geriatrics; or
  - (4) provide continuing education to individuals who provide geriatric care.
- This announcement solicits applications for the Comprehensive Geriatric Education Program.

- <https://grants.hrsa.gov/webexternal/FundingOppDetails.asp?FundingCycleId=E788108A-E00D-4210-B70C-8B84184BBD66&ViewMode=EU&GoBack=&PrintMode=&OnlineAvailabilityFlag=True&pageNumber=1>

#### **24. Associate, Baccalaureate, Masters, and Doctoral Programs**

- John A. Hartford Programs & Grants for Baccalaureate, Masters, and Doctoral Programs
  - Associate program support coming soon
- New NCSBN APRN Model
- New NCSBN APRN Model

#### **25. Curriculum**

- Develop stand-alone gero courses
- Integration (yes, also integrate)
  - Don't make older adults invisible
  - Integrate high volume topics vertically
  - Diabetes/diabetic care for older adults into pathophysiology, pharmacology, patient education courses
- Theory/didactic & clinical courses
  - Link theory & clinical courses through use of care of older adult competencies in assessments, interventions, and outcomes measurement
  - <http://www.hartfordign.org/resources/education/bsnNurseComp.html>
  - Clinical courses need to encompass ALL care settings
  - *A rotation through a SNF in first semester to learn how to take vital signs does not qualify as geriatric care or meet any geriatric care competency*

#### **26. AACN Core Competency: Assessment**

- 5. Incorporate into daily practice valid and reliable tools to assess the functional, physical, cognitive, psychological, social and spiritual status of older adults.
- 6. Assess older adults' living environment with special awareness of the functional, physical, cognitive, psychological, and social changes common in old age.
- 7. Analyze the effectiveness of community resources in assisting older adults and their families to retain personal goals, maximize function, maintain independence, and live in the least restrictive environment.
- 8. Assess family knowledge of skills necessary to deliver care to older adults.

#### **26. AACN Core Competency: Assessment**

- Content
  - Standard instruments to assess function, mental status, falls, social support, sleep, depression, pressure ulcer risk, and risk for complications during hospitalization
  - Analysis of the usefulness of these instruments in practice.
  - Modifications in history taking and physical examination to encompass changes common to older adults.
  - Assessment of home and community living situations and analysis of how services (e.g., transportation, location, and environmental modifications) facilitate and impede independent living.

- Assessment of relationships among intergenerational families, the capacity and expectations of family members to provide care, family knowledge of care giving, and assessment of family burden.

## **27. Summary Recommendations**

- Access and use resources John A. Hartford (JAH)
  - Recommend education for current & future faculty
  - Academic, training, certification & research programs
  - <http://www.hgni.org/>
  - Recruit JAH scholars and fellows as faculty
  - [http://www.geriatricnursing.org/scholars-fellows/2008/2008\\_scholars.asp](http://www.geriatricnursing.org/scholars-fellows/2008/2008_scholars.asp)
  - Use best practices to advance geriatric nursing care
  - Website best practices
  - <http://www.hartfordign.org/resources/education/tryThis.html>
  - <http://www.nursingcenter.com/library/static.asp?pageid=730388>

## **28. Acknowledgements**

- John A. Hartford Foundation & Atlantic Philanthropies

Thank you!

Questions & Discussion

## Geriatric and Gerontological Nursing Resources

Ann M. Mayo, RN; DNSc

August 21, 2008

AACN Geriatric Core Competencies. <http://www.aacn.nche.edu/Education/gercomp.htm>

American Geriatrics Foundation for Health in Aging.  
<http://www.healthinaging.org/agingintheknow/>

American Geriatrics Society. <http://www.americangeriatrics.org/>

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Delirium Prevention Program.  
<http://elderlife.med.yale.edu/public/doclinks.php?pageid=01.02.03>

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HRSA Comprehensive Geriatric Education Program  
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<http://www.healthinaging.org/agingintheknow/>

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John A. Hartford Funded Initiatives  
Building Academic Geriatric Nursing Capacity (BAGNC).  
<http://www.geriatricnursing.org/>

Creating Careers in Geriatric Advanced Practice Nursing.  
[www.aacn.nche.edu/Education/Hartford/enhancing.htm](http://www.aacn.nche.edu/Education/Hartford/enhancing.htm)

Enhancing Geriatric Nursing Education for Baccalaureate and Advanced Practice Nursing. [www.aacn.nche.edu/Education/Hartford/enhancing.htm](http://www.aacn.nche.edu/Education/Hartford/enhancing.htm)

Enhancing Gerontology Content in Baccalaureate Nursing Education Programs. [www.aacn.nche.edu/GNEC.htm](http://www.aacn.nche.edu/GNEC.htm)

Geriatric Nursing Education Consortium. [www.aacn.nche.edu/geroapp/](http://www.aacn.nche.edu/geroapp/)

Nursing School Geriatric Investment Program. [www.geriatricnursing.org/nsgip](http://www.geriatricnursing.org/nsgip)

Sigma Theta Tau Leadership Program.  
<http://www.nursingsociety.org/LeadershipInstitute/GeriatricAcademy/>

Try This Series. <http://www.hartfordign.org/resources/education/tryThis.html>

Try This Video Series.  
<http://www.nursingcenter.com/library/static.asp?pageid=730390>

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